

2016

# 3rd Annual Statewide Refugee Mental Health Summit Summary Report



*The Social  
Determinants of  
Mental Health*

Thursday, July 7, 2016  
Richmond, Virginia

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*“Our figures suggest that there is a 50 to hundred-percent rise in depression and anxiety amongst people who have to migrate forcibly, people who are refugees. And if we take care of their psychosocial and mental health needs, these people adjust better, adjust more quickly and can become productive members of society much earlier.”*

Dr Shekhar Saxena,  
Director of the Department of Mental Health and Substance Abuse  
World Health Organization

## PURPOSE

The annual Refugee Mental Health Summit is a gathering of agency executives, behavioral health providers, direct service workers (nurses, case managers, social workers, etc.), community support representatives, and refugee community leaders in Virginia. It aims to:

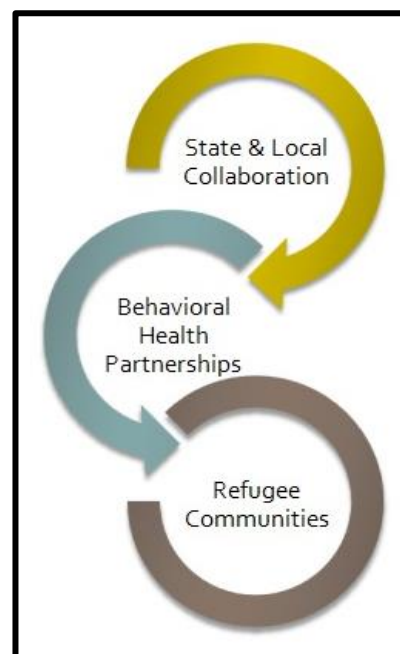
- Gather information on local and regional best practices, successful collaborative efforts, and promising practices that can help address barriers in mental health care
- Gather policy and program recommendations to expand the number of providers prepared to serve refugees in the public and private sector
- Create a venue for networking and collaboration across the Commonwealth related to refugee mental wellness and capacity building measures.

This year's summit adapted the theme "Social Determinants of Mental Health" in response to the multi-factorial issues that refugees face to adapt, adjust, integrate and succeed in their new community.

## BACKGROUND

The Virginia Healing Partnership (formerly Virginia Refugee Mental Health Initiative) is a statewide initiative focused on addressing refugee risk factors and strengthening mental health partnerships in communities where refugees resettle. It is a collaborative effort of the Department of Behavioral Health and Developmental Services, the Virginia Department of Health and its community support partners. The partnership designs and disseminates programs and activities that:

- Promote positive mental health and cultural adjustment in the refugee community
- Create linkages between provider communities and the refugee communities
- Provide opportunities for trauma-informed education at the community level and culture-informed education at the provider level.



Read more about the Partnership at [www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus-areas/refugee-mh](http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus-areas/refugee-mh) or email us at [oclc@dbhds.virginia.gov](mailto:oclc@dbhds.virginia.gov)

## SPEAKERS, PRESENTORS, AND WORKSHOPS

**RUTH SHIM, MD, MPH** is a practicing psychiatrist, a renowned national figure in mental health and strong advocate for mental health care or access to care. In her keynote address, she presented significant



factors emanating from public policies and social norms which can lead to poor mental health, disease, and morbidity. Expressed in an equation, genetic factors multiplied by the person's interaction with the environment equals the person's state of mental health. As for culture, she pointed out that "Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender." In sum, the social determinants of mental health are interacting, dynamic factors and "Health begins where we live, learn, work, and play." Dr. Shim encouraged collaboration and praised the efforts of Virginians to stand and shout to address mental health issues that hugely impacted the community even if not popularly supported.

**MARK GORKIN, MSW, LICSW**, is a motivational speaker, consultant, trainer, advocate and award-winning on-line resource host with vast experience in presenting humor as a tool to counteract stresses in life, work, and career. Also known as The Stress Doc, he made the group laugh and learn with his presentation of the Four Stages of Burnout (Physical, mental and emotional exhaustion, Shame and doubt, Cynicism and callousness, and Failure, helplessness and crisis) and the use of SPED (Sleep, Priorities, Empathy, Exercise, and Diet) to reduce chronic stress and prevent burnout.

Workshops were presented for in-depth information that could help agency executives, behavioral health providers, direct service workers, community support partners, and refugee community leaders to become more effective in their roles and functions at work, at home, or in the community.



Participants were able to attend two out of eight workshops. The topics and presenters were:

- |   |  |   |
|---|--|---|
| * | Building Trust: Community Relations with Law Enforcement Agencies                          | Jeff Zirkle, SSA and partners           |
| * | Community Connections: Building Relationships and Resiliency in the Refugee Population     | Rebecca Sprague, MS Ed.                 |
| * | Cultural Determinants of Refugee Mental Health: Congruence, Integration, and Understanding | Brittany Keegan, MPA                    |
| * | LGBTQ Cultural Awareness and Sensitivity   | Lyndele von Schill, M.Ed.               |
| * | Pathways to Qualified Cultural Navigator Program   | Cecily Rodriguez, MPA                   |
| * | The Care of Bhutanese Refugees in Charlottesville, VA                                      | Larry Merkel , MD, MPH & Aditi Giri, MD |
| * | The Intersection of Domestic and Sexual Violence and the Refugee Population                | Jen Miller, M.Ed. & Cindy Capriles, MSW |
| * | The Providers Focus Group Synthesis and the Wellness Matrix Model                          | Leisha G. LaRiviere, MPA                |

## FOCUS GROUPS

The focal point of the summit was the focus group sessions for agency executives, behavioral health providers, direct service workers, and community support partners/refugee community leaders across the state can network, collaborate, share best practices, and provide feedback for policy and program recommendations. Each focus group



was conducted by a team of facilitator and recorder with a goal of identifying issues in refugee mental health, classifying these issues into what the Virginia Department of Behavioral Health and Developmental Services do in the short term and in the long term, and most of all, finding areas of collaboration.



### The top issues identified centered on

- 1) mental health prevention and education,
- 2) overcoming cultural and linguistic barriers,
- 3) improving the delivery and access to mental health care,
- 4) managing trauma, and
- 5) adjustment and adaptation.



The groups were then asked to prioritize and the synthesis follows:

### WHAT CAN DBHDS DO IN THE SHORT TERM TO OVERCOME SOCIAL AND CULTURAL CHALLENGES TO REDUCE MENTAL HEALTH RISK?

#### *Community Champions*

- Liaise and lead support groups with immigrant and refugee population as advisors
- Educate providers on how to deal effectively with refugees
- Willingness to see it as a process-equal opportunity in care
- Increase providers availability and address issues at policy level

#### *Community-Based Interventions*

- Support local community-based mental health initiatives that are culturally sensitive
- Train local leaders (refugees, volunteers, etc.) to provide more information about the new culture (American) to refugee communities.
- The refugees should be involved in planning activities, programs, and initiatives that are meant for their communities.
- Language barriers create isolation, marginalization, and ill-health for both body and soul.
- Develop trauma interventions including fear of law enforcement; reduce stigma, underemployment, etc.

*"Some of us are not asking for money support but [we are asking for] psychological support."*

Refugee Participant

#### *Information Dissemination*

- Better advertising or promotion of any DBHDS partnerships with government and local businesses, such as VCCI, government & local businesses, etc.
- More awareness of available services and resources at federal and state levels
- Trainings available for professional advancement, community interventions, workforce development, etc.

- Culturally and linguistically appropriate and updated information (i.e. trained and paid cultural navigators, qualified interpreters, etc.)
- On-line Networking/Collaboration Site
- DBHDS can use social media as a platform for mental health care. Almost all in the immigrant communities use cell phones.

#### *Interpreter Services and Language Lines*

- Provide funding for additional language lines by first mapping where there are no lines or significant equipment and access gaps
- Recruit and train more interpreters including those from the refugee communities (QBS or certification program)
- Encourage compliance for Title V1. Conference with providers on how to address needs and gaps in Medicare, Medicaid, or other insurance
- Interagency collaboration (like the former AHEC with the Health Department)

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#### WHAT CAN DBHDS DO IN THE LONG TERM TO OVERCOME SOCIAL AND CULTURAL CHALLENGES TO REDUCE MENTAL HEALTH RISK?

##### *Collaboration*

- Enhance collaborative efforts with online platforms
- Assist to leverage knowledge gained from these collaborations by helping “get the word out” regarding “what we all do and how we can help each other” (Referred to in the session as Rapid Access between Agencies).
- Conduct small group sessions across the state, continuing the model of this year’s focus groups where the featured topics are services provided by state agencies and buy local entities, shelter, medical, etc.)
- Collaborative efforts to include mental health as pre-assessment. Prevention is easier to manage and costs less.

##### *Education and Training*

- Virginia students learning a language and sharing knowledge with fellow citizens are encouraged through official channels and policy options. Emphasis on health and supportive communication words in these language classes. (Note: cultural sensitivity training and cultural competency training should be part of these curricula. Have DBHDS provide a “master” curriculum for high school students.)
- Promote, support and deploy mental health information for community resource centers across the state. These are “physical” spaces, where people of varying cultures can come together for support groups, activities, awareness, learning and sharing music, food and culture. Or, discern if current state facilities can be used or adapted for such a purpose. (Libraries on Sundays?)



- Training on trauma especially for mental health intake workers
- DBHDS should initiate a move for looser and stronger collaboration among providers, and possibly integrated care

#### *Trauma re-assessment process*

- Involve the refugee community in the planning.
- Information and education for refugees about psychological effects and its impact on job, oneself, the family, and the community.
- Educate providers on how to deal effectively with refugees – willingness to see it as a process, with equal opportunity for care.
- Inter-agency collaboration to train teachers to educate about culture, diversity, and impact in local communities (jobs, health care, social processes, etc.)
- One-day conference to educate people in the community
- Train and recruit refugees to be interpreters (certified and paid)

#### *Needs Analysis*

- Develop and widely distribute a questionnaire to find a distribution stream where DBHDS can learn more about the “every day stressors” of life, as well as some of the more traumatic issues (helps to define the depth and scope of need)
- Study on how to increase provider’s availability and address issues at policy level
- DBHDS can look into statewide comprehensive refugee resettlement model on mental health (work with humanitarian mind, not just a grant mind)

#### *Funding*

- Re-look at appropriations of funding to providing resources for “advocates” and paid services for cultural navigators
- Funding support for leadership development.
- Funding support for language access. Possible refugee hotline with apps in different languages. Most refugees and immigrants have cell-phones.
- The idea of a volunteer pool for various refugee services via a state-wide data set of agency/organization descriptions and service provision of information.

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### WHAT ARE THE AREAS FOR COLLABORATION?

#### *Community Relations*

- DBHDS could lead the development of an approach and a plan to inform for-profit business of refugee population in the state. Target specialty needs with specialty business, such as: Capital One for language appropriate financial training. Use skill sets of refugees to enhance employment and career advancement.



- DBHDS should create a presence with Virginia universities to develop awareness of, interest in and opportunities for service and jobs. This effort should include “presence” in student life, where “fired interest” can be inspired and developed. Cross-reference with workforce development.
- DBHDS might have a representative or liaison to work with community and economic development officials at the local and state levels to consider the “built environment” and infrastructure needs for the refugee populations. (Look at Community Development Block Grants for this type of an initiative, perhaps. Work with the Urban Land Institute.)
- Attend events to foster relationships. Increase trust between community and the helping professionals (doctors, police, etc.)
- DBHDS can spearhead community-based programs including mental health and trauma programs for families, senior citizens group, parents, etc.
- DBHDS should lead opportunities for a “speaker’s bureau – to inform local business groups, (i.e. Chambers of Commerce, Rotary Clubs, Kiwanis Clubs, Lions’ clubs, etc.) to help community business leaders develop understanding of and opportunities in working with the refugee population.

*“Some psychological problems do not translate via language.”*

Refugee Participant

## NEEDS ASSESSMENT

- Develop assessment or interventions that focus on the cause of the causes and not just the symptoms.
- Follow-up as part of standards of care with an established system and functional collaboration
- Use data from local community assessments or agency needs assessments

## WORKFORCE DEVELOPMENT

- Collaboration with Virginia universities to develop awareness of, interest in and opportunities for service and jobs.
- Develop pathway for internship opportunities with local colleges and universities, including medical and nursing schools.
- Training programs through grants to create a statewide cultural adaptation and integration initiatives
- Promote skill sets of and desire for jobs for refugees

## FUNDING

- DBHDS could lead collaborative funding efforts, where organizations like the IRC, CCC and CWS can co-propose and co-write grants to support shared and more effective efforts.

- Explore local, federal, and private sources of funding (Robert Wood Foundation, SAMHSA, etc.)

## PANEL PRESENTATION

The summit ended with a panel presentation highlighting the success of refugees from different countries who resettled in Virginia at different periods of time. The panelists included:

**Reim Alkarawi**, a lawyer in Bagdad, came as Asylee in the United States, community leader in Harrisonburg, VA, and tireless advocate for women's rights.

**Yadav Sapkota**, born to Bhutanese parents in a refugee camp, came to Roanoke, VA as a shy 17-year old, overcame language and cultural barriers, made a name for himself as an honor graduate, commencement speaker, and academic scholar, and currently serves his community as an interpreter and mentor of young students.

**Dhruva Mishra**, a refugee from Bhutan who co-founded a community school for young children in the Nepal refugee camp, resettled in the United States with his wife and children in 2009, worked his way from the bottom up to become a college professor, and currently serve as President of Bhutanese Community of Richmond, VA.

*"The war does not just kill people but the minds and mentality as well. "*

*Refugee Participant*

**Muhamed Kareem**, a teacher from the Kurdish region of Iraq, came to the United States with his wife and children in 1997, struggled with parenting because of cultural, religious, linguistic, and social challenges, and is now an avid advocate for integration and cross-culture for school-age children and their parents in Harrisonburg, VA.

**Muhammad Ashaq Qadire**, a pharmacy technician from Afghanistan, served as interpreter for the US military, came to Fredericksburg, VA with his wife four months ago, overcame cultural, religious, and employment barriers, embraced diversity, and now serves as cultural and linguistic broker for his community.

## BOOTH DISPLAY AND NETWORKING

Additional resources were made available through booth display and poster presentation. The participants include:

1. Charlottesville Area Safe Space Training (CASST) coalition that supports the LGBTQ community in a variety of ways.
2. Church World Service Immigration and Refugee Program, Harrisonburg, a non-profit organization that assists refugees with their educational, housing, employment and medical needs while promoting engagement with the community.

3. North Star Therapy is a support partner of Fredericksburg Refugee Mental Health Council whose service focuses on working with adolescent and adult clients who have with issues in trauma and dissociative disorders.
4. Safe Harbor is a social service organization whose mission is to “empower(s) survivors of sexual and domestic violence to transform their lives, and promotes healthy relationships for all.”
5. Susan Jacobson, RN, PMHCNS, BC, PMHNP, BC is a Psychiatric Nurse Practitioner who shared her poster presentation entitled Homeless Afghan Refugee Presenting Psychiatric Symptoms: A Call to Action.
6. The Women’s Initiative is a nonprofit organization in Charlottesville, VA that provides vital mental health services to women, regardless of ability to pay since 2007.
7. United States Citizenship and Immigration Services, a federal agency and one of the first government agencies that refugees submit documents to obtain legal status and work permit with the assistance of case workers.
8. The Virginia Fusion Center is a collaborative effort of state and federal agencies working in conjunction with local partners to share resources, expertise, and/or information to better identify, detect, prevent, and respond to terrorist and criminal activity utilizing an all crimes/all hazards approach.
9. Virginia Refugee Healing Partnership, DBHDS is a statewide mental health initiative that oversee the different local refugee mental health councils and referral systems across the Commonwealth.

## SUSTAINABILITY

Starting this year, a committee was formed to manage the summit and the future summits to come. This year’s Steering Committee members include:

- Cecily Rodriguez, MPA, DBHDS, Office of Health Equity Advancement, Richmond
- Eva P. Stitt, Ph.D., DBHDS, Office of Health Equity Advancement, Richmond
- Patricia Hill, Ph.D., Henrico Mental Health and Developmental Services, Henrico
- Leigh Freilich, LCSW, The Women’s Institute, Charlottesville
- Pamela Jones, Mary Washington Healthcare, Fredericksburg
- Mayra Creed, Riverside Hospitals, Newport News
- Charlene Smith, MSW, DBHDS, Office of Mental Health, Richmond